

Case 3: Dev



Case for discussion

Dev is 78 and lives alone following his wife's death last year. He has type 2 diabetes, chronic kidney disease and has felt low since the bereavement.

Dev submits an online request for repeat medication, adding a note that his home blood pressure and blood glucose readings are "okay". Dev's medical record indicates that at his last review 13 months ago, his blood pressure was slightly raised and his diabetes and kidney disease were moderately well controlled.

How would this request be managed in your practice? Focus on access and triage issues, not the clinical management of Dev's condition.

Consider what might happen if...

- A. **Support staff raise a query** about whether to issue the repeat medication. Would Dev's request ring alarm bells for repeat medication staff? Who would they approach?
- B. **Dev's request prompts a long-term condition review.** How would this play out in your practice (who would be involved)? Would this be in person or remotely (who would make that decision and on what grounds)?
- C. **Dev fails to attend his long-term condition review**, having got his repeat medication. Might anyone slip through the net like this? Would your safety-net identify them?
- D. **The practice protocol flags that Dev has complex needs** and offers him an in-person review with his regular doctor. What kinds of patients would be flagged for a 'regular doctor' review in your practice?

The safety incident

Dev was registered with a practice that managed long-term condition patients mainly by exchange of text message. He was not seen in person for 18 months and during that time his health deteriorated. He developed vascular complications secondary to his diabetes and required hospital admission and an amputation of his toes. During the admission a diagnosis of probable dementia was made.

*This case highlights the need for systems and processes to identify patients who have **markers of clinical and social complexity** for review in person.*

***People's circumstances change over time** and they may not recognise or share this, conveying the impression that everything is OK when it isn't.*

Checklist for practice discussion

What features of Dev's case could have alerted practice staff to the need for an in-person review? Would such a review have been triggered in your practice?	<input type="checkbox"/>
What systems and processes do you have for requiring an in-person contact for long-term condition review or repeat prescription request?	<input type="checkbox"/>
Discuss examples of your own patients who would normally need in-person review.	<input type="checkbox"/>
How do you manage continuity of care for patients with complex needs? Could you improve this – and if so, how?	<input type="checkbox"/>
What systems exist to manage failed or ineffective digital contacts (e.g. when patients send in self-monitoring readings that appear implausible)?	<input type="checkbox"/>

Learning outcomes

On completion of this exercise, we hope that staff in your practice will be better able to:

1. Ensure safe long-term condition reviews for patients with complex needs.
2. Identify conditions and patient-level features that make remote assessment more difficult.
3. Recognise the risks associated with remote management of patients who have multiple markers of clinical and social complexity.